



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
Bryson Gordon et al.)
Application No. 09/965,562)
Filed: September 25, 2001)
For: SYSTEM AND METHOD FOR)
CERTIFYING THAT DATA RECEIVED)
OVER A COMPUTER NETWORK HAS)
BEEN CHECKED FOR VIRUSES)

Examiner: Unassigned

Art Unit: 2131

RECEIVED

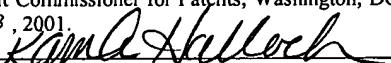
November 8, 2001 FEB 08 2002

Technology Center 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the
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addressed to: Assistant Commissioner for Patents, Washington, DC
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Signed:


Karen A. Hallock

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application.
Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Please change the Title "System and method for certying that data received over a
computer network has been checked for virues" to --System and method for certifying that
data received over a computer network has been checked for viruses--.

Enclosed please find a red-lined copy of the filing receipt. Since this is a Patent
Office typographical error, no fee should be due. However, the Commissioner is authorized
to charge any fees that may be due to Deposit Account 50-1652 (Order No.NETAP017).

Respectfully submitted,



Cindy S. Kaplan
Reg. No. 40,043

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12930 Saratoga Avenue, Suite D1
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Attorney Docket No. NETAP017

Re Ceipt



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/965,562	09/25/2001	2131	1408	NETAP017	8	41	7

26541

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P E RITTER, LANG, & KAPLAN LLP
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CONFIRMATION NO. 3082

FILING RECEIPT



OC000000006950889

Date Mailed: 10/22/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

- Bryson Gordon, Campbell, CA;
- Gary Zandstra, San Jose, CA;
- Ravi Kannan, Chennai, INDIA;

Domestic Priority data as claimed by applicant

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FEB 08 2002 RITTER, LANG, & KAPLAN LLP

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Foreign Applications

If Required, Foreign Filing License Granted 10/22/2001

- Projected Publication Date: Request for Non-Publication Acknowledged
- Non-Publication Request: Yes
- Early Publication Request: No

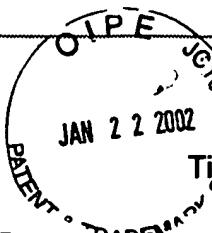
Title

Certifying

System and method for certifying that data received over a computer network has been checked
 for viruses—VIRUSES

Preliminary Class

713



LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

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Bib Data Sheet

CONFIRMATION NO. 3082

SERIAL NUMBER 09/965,562	FILING DATE 09/25/2001 RULE	CLASS 713	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. NETAP017
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APPLICANTS

Bryson Gordon, Campbell, CA;
Gary Zandstra, San Jose, CA;
Ravi Kannan, Chennai, INDIA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/22/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	8	41	7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

System and method for certifying that data received over a computer network has been checked for viruses

FILING FEE RECEIVED 1408	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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